

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
Set Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Troy Moore, Sr.		COURT CASE NUMBER 14-3873
DEFENDANT SAAJIDA WALTON, Corrections Officer		TYPE OF PROCESS Law Suit S/C
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SAAJIDA WALTON	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) #3816 Haverford Avenue, Philadelphia, PA 19104-1824	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
Troy Moore #FE-2483 Unit CB-1002 S.C.I. Forest Marienville, PA 16239		Number of process to be served with this Form - 285 1 Number of parties to be served in this case 1 Check for service on U.S.A. MAY 08 2017 KATE BARKMAN, Clerk By: <i>[Signature]</i> Dep. Clerk
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service): Fold		

I am formally requesting that you serve the Defendant (SAAJIDA WALTON) at the above-stated, last known address Or if Defendant has relocated, to ascertain Defendant's forwarding address from Philadelphia U.S. Post Master. It is imperative that you serve Judge Robreno and Plaintiff a copy of process receipt in a timely manner.

Signature of Attorney or other Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 03/29/2017
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 66	District to Serve No. 66	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 4/12/17
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	
Date of Service 5/2/17	Time 1145 am
Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

① Left Summons w/ MS. WALTON's mother — B Debo